

AUDIT/ DATE OF REVIEW/VISIT_____ CONDUCTED BY_____

**REHABILITATIVE MENTAL HEALTH
FOR
CHILDREN UNDER THE AUTHORITY OF DHS**

Division of Child and Family Services

**AUDIT TOOL FY2016
PHARMACOLOGIC MANAGEMENT
Outpatient Treatment Services**

AGENCY_____ YOUTH_____

TELEPHONE #_____ YOUTH MEDICAID #_____

MAILING ADDRESS_____

SITE ADDRESS_____

FAX#_____ E-MAIL _____

CONTACT PERSON_____

DATE OF ADMISSION _____ SERVICE CODES_____

DATE OF DISCHARGE_____

CASE MANAGER/REGION_____

<p><u>PHARMACOLOGIC MANAGEMENT (Per session)</u></p> <p><u>Billing codes:</u></p> <p>99211 \$12.29/5 min. (\$11.70) 99212 \$26.72/10 min. (\$25.45) 99213 \$81.01/15 min. 99214 \$81.01/25 min. 99310 \$82.77/35 min. (\$78.83) 99215 \$88.88/40 min. (\$84.65) M0064 \$35.41/hr. (RN)</p> <p>Who: Provided by a qualified mental health provider per Medicaid 2-8 Definition: Service was face to face</p> <p>2.</p> <p>a. date and actual time of service b. duration of the service c. setting in which the service was rendered; and d. specific service rendered (i.e. E/M services)</p> <p>3.</p> <p>a. health issues and medications reviewed/monitored, results of the review and progress toward related treatment goal(s), or if there was no reportable progress, documentation of reasons or barriers; b. dosage of medications as applicable; c. summary of information provided; d. if medications are administered, documentation of the medication(s) and method of administration; and</p> <p>4. signature and licensure or credentials of individual who rendered the service.</p> <p>TOTAL POSSIBLE POINTS PER FILE: 11</p>	<p>(Medicaid 2-8) Effective JULY 2013</p> <p>Part I: General Provisions</p> <p>1. Copy of PSA in file and services billed accordingly TOTAL POSSIBLE POINTS PER FILE: 1</p> <p><u>Onsite reconciliation of billings with client records</u> TOTAL POSSIBLE POINT PER BILLING: 1</p> <p>Pharmacologic Management <i>Outpatient</i> 99211 \$12.29/5 min. (\$11.70) 99212 \$26.72/10 min. (\$25.45) 99213 \$81.01/15 min. 99214 \$81.01/25 min. 99310 \$82.77/35 min. (\$78.83) 99215 \$88.88/40 min. (\$84.65) M0064 \$35.41/hr. (RN)</p> <p>*Multiple Billing for Same-Service Contacts in a Day for each service meets the minimum time requirements: Med Mgmt Outpatient: (99211, 99212, 99213, 99214, 99215) Med Mgmt Psychiatric Residential: (99307, 99308, 99309, 99310) Med Mgmt RN: (M0064) Must be billed for each date of service on separate claim lines.</p>
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